

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

119

Date Received

26-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866057

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FDXE40S2WHB39948	FIRESTONE	FIRESTONE	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TIRES WERE MANUFACTURED ON A WINNABAGO 31 FOOT MOBILE HOME, SIZE LT225/75R16. ONLY AFTER FIVE THOUSAND MILES AND DRIVING AT 65 MPH BOTH REAR PASSENGERS AND DRIVERS TIRES BLEW OUT. CONSUMER HAS CONTACTED MANUFACTURER. MANUFACTURER STATED THE CAUSE WAS DUE TO IMPROPER INFLATION. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

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1FDXE40S2WHB39948	FIRESTONE	FIRESTONE	1900	

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<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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APPLICATION INCIDENT INFORMATION

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Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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FOR AGENCY USE ONLY 119

Date Received 26-JUL-2000
Office of Defects Investigation
Reference No. 866057

OWNER INFORMATION (Type or Print)

623231

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 10/4/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1FDXE40S2WHB39948 Vehicle Make Winnebago Vehicle Model Minnie Vehicle Year 1998 Current Odometer Reading 10,800

Purchase Date July 1998 Dealer's Name Altman's Engine Size (CID/CC/L) 6.8L Turbo Diesel Gas Fuel Injection
 New Used City Colton State CA Zip Code 92342 No Cylinders 10

Transmission Type Manual Automatic
Anti-lock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passenger Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Utl Van Truck Minivan Motorcycle Other Motorhome
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000 Part Name(s) Steeltex R4S Location Left Right Front Rear Both
Failed Part(s) Original Replacement
(see attached forms)

No of Failures 2 Date(s) of Failure(s) (see attached letter and enclosed forms) Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash Yes No Fire Yes No
Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage _____
Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TIRES WERE MANUFACTURED ON A WINNABAGO 31 FOOT MOBILE HOME, SIZE LT225/75R16. ONLY AFTER FIVE THOUSAND MILES AND DRIVING AT 65 MPH BOTH REAR PASSENGERS AND DRIVERS TIRES BLEW OUT. CONSUMER HAS CONTACTED MANUFACTURER. MANUFACTURER STATED THE CAUSE WAS DUE TO IMPROPER INFLATION. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

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U.S. Department of Transportation
National Highway Traffic Safety Administration
NHT-11 2HL
400 Seventh St., S.W.
Washington, D.C. 20590

ATTENTION: Information Management Branch
Auto Safety Hotline

October 4, 2000

To Whom It May Concern:

In July I had called your Hotline regarding 2 blown out tires that we had on our motorhome in August of 1999. In this letter I will write about the incidents and also include some of the papers that I still had regarding trouble with Firestone tires. Because of all the investigation and concern about the safety of Firestone tires, I would like help in getting all our tires replaced.

On Tuesday, August 10, 1999, I had brought our motorhome to the Firestone service center for rotation of our tires before leaving on a 3 week trip. We had gotten the road hazard warranty and lifetime balance and rotation program from Firestone when we purchased our motorhome in 1998. While at the service center I specifically told them to make sure the tires were properly inflated because we were going on this long trip.

We left on our trip on August 13, 1999. On August 14, 1999, about 11 A.M., (Mountain Time) on the western border of Wyoming we had our first blowout. This was on the passenger side and the inside rear dual. The mileage at that time was 5014 miles. Road conditions were normal and the temperatures were in the low 80's. We had to stop in Rock Springs, Wyoming, to purchase a new tire so that we would have a spare. At 10:30 P.M., (Central Time) that same day we had the second blowout. This was on the driver's side, rear inside dual. The mileage was 5483. The road conditions were normal and the temperature was in the upper 60's or lower 70's.

While visiting in Sioux City, Iowa, we went to the Bridgestone/Firestone service center to have them help us with another spare. They also had contacted our service center here in San Bernardino and we were told that we would have to handle things when we returned home. To say the least we were very discouraged and unhappy that we would have to haul 2 damaged tires with us inside our bedroom the remaining two and a half weeks of our trip. We continued the rest of our trip and returned home without additional blowouts.

After we returned, I brought the motorhome to the Winnebago dealer to get an estimate on the repairs. The next day I took the estimate and the tires to the Firestone service center. The manager of the service center looked at them and then gave me a phone number to call to process the claim. I called the number and the claims department sent me the forms that needed to be completed and the instructions of how to send the tires to

be looked at to determine the cause of failure. Enclosed are the forms that were completed and the instructions that were sent. We completed the forms and then I took the tires to U.P.S. to have them sent. I do not have a copy of that receipt but it cost about \$47.00 of our money to send them in. After some time Firestone informed us that the blowouts occurred because of low inflation. Because I had pointed out that the tires were serviced just prior to leaving on our trip, Firestone paid for the repairs, the tire that we had to buy, the U.P.S. fee, and some of the road hazard warranty fee. Never were we reimbursed for our inconvenience on our trip or the time spent with all the problems both on the trip and when we returned. We returned on September 6, 1999, and this matter was not resolved until the second week of December 1999.

Even though we would have liked to have additional recognition for all of our hardships, the thing that concerns us the most is the safety of the remaining tires and the new tires that were put on. Since those events we have put air tubes that extend from the inside dual to the outside. We consistently are checking the air pressure for all the tires. The air pressure of the inside duals at the time of the blowouts did not seem to be that low. The tires certainly did not look low or flat.

We hope this information is helpful in getting this tire recalled. Given the other information of other types of tires, the safest thing would be to have all those tires replaced. If additional information is needed, please feel free to contact us.

Sincerely,

A large black rectangular redaction box covers the signature and name of the sender. The redaction is complete, obscuring all text in this area.

September 13, 1999

BRIDGESTONE/Firestone

REGIONAL TECHNICAL SERVICE CENTER

4000 E. Mission Blvd.
Ontario, CA 91761
Phone: (909) 873-1430
FAX: (909) 873-1436

Ref.# 018876

and # 018874

Dear Ms. Babcock,

As a follow up to our phone conversation regarding the situation you experienced with your tire, you will find listed below the items that are required to process your claim for consideration:

- 1.) Complete and sign the attached Incident Report.
- 2.) Two estimates for the repair of your vehicle. (photos which are, in most instances, available from the body shops supplying the estimates would be helpful).
- 3.) A copy of the replacement tire invoice and legible shipping receipt.
- 4.) Also, the tire that caused the damage must be shipped to us prepaid.

Upon receipt of all of the above items, we will advise you in writing of our decision, usually within 30 days.

Instructions for Shipping Your Tire and The Requested Paperwork

Please ship the tire and paperwork by a small package carrier of your choice, such as United Parcel Service (UPS), FEDEX, etc., freight **PREPAID**, to the following:

BFTS
1515 Elm Hill Pike #405
Nashville, TN 37210-3615

A pre-addressed shipping tag is enclosed for use in shipping.

Thank you for your cooperation. If you have any questions, please feel free to contact us at 1-800-356-4644.

Yours Truly,
Claims Processing

BIG TIRES.

NO REFUNDS ON DEPOSITS
OR SPECIAL ORDERS
NATIONAL CUSTOMER SERVICE
PHONE # 800 321-2446
CUSTOMER MUST PRESENT COPY
OF INVOICE FOR ANY WARRANTY

~~BIG TIRES~~
1355 DEWAR DR
ROCK SPRINGS, WY
307 333-3333

02/26/89

INVOICE 01-10386
S-08/14/89 E-08/14/89
S-14:38 E-14:00

Page: 1

*** INVOICE ***

Sold: CASH

H-333-333-3333

Veh:
Cust:
Mil:
Eap: 2/8
PO#:

Size	Mech	Part #	QTY	Description	Price	F.E.T.	Total
2	0	1869	1.00	LT225/75R16 SPORT KING AT	99.95	0.00	99.95

** Copy of bill
new tire in
Wyoming*

CUSTOMER IS RESPONSIBLE TO HAVE WHEELS RETORQUED AFTER 15 MILES. CUSTOM AND STEEL WHEELS SHOULD BE CHECKED PERIODICALLY, AND ALSO AFTER EVERY TIRE ROTATION OR ANYTIME WHEELS ARE REMOVED FROM VEHICLE FOR ANY REASON.

Signature: _____

Subtotal 99.95

Cash \$0.00 Check \$0.00 Credit Card \$104.95 Charge \$0.00 Sales Tax @ 5.000% 5.00

Total 104.95

ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF ANY INCREASE IN THE ORIGINAL ESTIMATED PRICE:
TERMS: NET 10% PROX. UNLESS OTHERWISE SPECIFIED. PAST DUE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1.5% PER MONTH ON UNPAID BALANCE WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%. IF NECESSARY TO INSTITUTE LEGAL ACTION TO ENFORCE COLLECTION OF THE AMOUNT DUE, UNDER THIS INVOICE BUYER AGREES TO PAY ALL NECESSARY COSTS AND ATTORNEY'S FEES.

TERMS ACKNOWLEDGED & RECEIVED BY: _____

***RIGHT**

REAR

Incident Report

REF. 018876

Time and Place	Date of Incident August 14, 1999	Time 11 AM (MT)	Select Location Where Incident Occurred - Interstate 80 40 miles east Evanston, WY	
Customer Vehicle	Vehicle Make Winnipeg	Year 1998	Model Minnie	Mileage 5014
	[Redacted]		[Redacted]	
Property Damage to Customer's Car	Damage to Customer Vehicle see estimate enclosed			
	Have you submitted this to your insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Are you planning to submit this claim to insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Has your vehicle been repaired? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Customer Insurance Co. (Please include telephone number) National Alliance Insurance Company Customer Service 1-800-727-8200				
Property Damage to Other Car (if applicable)	Was another vehicle involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name and Address _____		
	Damage _____	Estimated Cost _____		
	Does Owner of Vehicle Have Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Covering Damages to Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Covering Damages or Injury to Other Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Other Property Damage _____			
Injured Person	Was Anyone Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name and Address _____		
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age _____	Occupation _____	Has Injured Person Retained an Attorney? yes <input type="checkbox"/> no <input type="checkbox"/>
	Nature of Injury _____			
Injury	Any Disability Involved? _____			

Witness	Name _____	Address _____		
Tire Data (if available)	Size/Type LT 225/516	Mileage on Tire 5014	DOT Number (10 digits if located on sidewall) VD1L 1XD 118	Position Mounted Rt Rear Inner dual
Description of Incident	Tire Blown, damaged mud flap and Rt metal disc guard that will need to be replaced. Estimate enclosed.			
Signature of Customer	[Redacted]		Date Signed 9-23-99	(continue on back if necessary)

LEFT REAR

Incident Report

REF 018874

Title and Plate	Date of Incident August 14, 1999	Time 6:30 PM	AM/PM	Exact Location Where Incident Occurred I-80 Western 150 miles east of Cheyenne, WY	
Vehicle Make Winnabago	Year 1998	Model Minnie	Damage 5483		
Customer Vehicle					
Property Damage to Customer's Car	Damage to Customer Vehicle see estimate enclosed				
	Have you submitted this to your insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Are you planning to submit this claim to insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Has your vehicle been repaired? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Customer Insurance Co. (Please include telephone number) National Alliance Insurance Company Customer Service 1-800-727-7272					
Property Damage to Other Car (if applicable)	Was another vehicle involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name and Address _____		
	Damage _____		Estimated Cost _____		
	Does Owner of Vehicle Have Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Covering Damages to Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Covering Damages or Injury to Other Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Other Property Damage _____				
Injured Person	Was Anyone Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name and Address _____		
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age _____	Occupation _____	Has Injured Person Retained an Attorney? yes <input type="checkbox"/> no <input type="checkbox"/>	
Injury	Nature of Injury _____				
	Any Disability Involved? _____				

Witness	Name _____		Address _____		
Tire Data (if available)	Size/Type ET 225 75 R 16	Damage on Tire 5483	DOT Number (10 digit # located on sidewall) V0EL 8XD 118	Position Mounted LT Rear Inner - No	
Description of Incident	Tire Blown, Mud flap pulled up, metal dust-guard damaged that will have to be replaced. Estimate enclosed				
Signature of Customer _____				Date Signed _____	

(continue on back if necessary)



